OBSESSIVE COMPULSIVE DISORDER AND DEPRESSION

Nah Young Kim
IB Psychology HL

Depression

Prevalence in Depression

According to Charney and Weismann (1988), major depressive disorder is known as a common disorder in which 15 percent of the population has experienced at some time in their life time. Based on reports by the Department of Health in the 1980s, it can be seen that there are about a quarter of all psychiatric hospital patients who had depression. Depression in fact is **two or three times common in women** than in men; on average, **one in five and one in eight men experience depression** once in their life time. The reason why women tend to experience depression more is that men are less likely to share out their experience of depression ("Depression in men").

Depression is a disorder more than simply feeling low. It is a serious illness that affects both physical and mental health of individuals. This illness can affect not only women but also members in low socio-economic groups and young adults frequently. Moreover, in terms of Jewish people, it was indicated that their prevalence rate is higher than average by Levav (1997) (Crane, John…) . The varying prevalence rates based on gender or ethnicity clearly supports the idea that some portions of the populations are more susceptible to depression and this further suggests that it is often challenging for clinicians to figure out if a person is really suffering from depression or not.

Diagnostic Criteria

An individual can be diagnosed depressive disorder when he/she undergoes two weeks of loss of interest in activities or dejected mood. Major depressive disorder can also be diagnosed when a patient experiences at least four of the following symptoms: insomnia, loss of appetite, loss of energy, feeling of worthlessness, difficulty concentrating, and thoughts of suicide. Significant weight loss within a short duration of time is also part of the diagnostic criteria ("Major Depressive Episode:… ")

Symptoms

- Persistent sadness or anxious feelings
- Feeling of hopelessness
- Feeling of guilt or worthlessness
- Irritability
- Loss of interest in activities
- Fatigue energy
- Difficulty concentrating, recalling details, and making decisions
- Insomnia
- Overeating
- Thoughts of suicide
- Headaches, cramps, or digestive problems

("Types of Depression:…")

Introduction to Etiologies

Depression will persistently reveal the multifaceted interaction between biological and psychological aspects. For instance, many people believe in the possibilities that there lies a correlation between stress and depressive disorder; however, people who have high amount of stress do not develop depression. Thus, depressive disorder is usually caused by a combination of different factors not by a single factor. Factors such as malfunctioning of neurotransmitter, genetic vulnerability, psychological issues, misuse of drugs, or any external events could be considered as the elements that are likely to trigger depressive symptoms.

Biological Etiology

Genetic researchers claim that genetic predisposition can thought to be the partial element that leads to depression. This genetic and biochemical factors were supported by the **twin study** conducted by Nurberger and Gershon (1982). According to the research, Nurnberger and Gershon went through the results drawn from seven twin studies and found out that the prevalence rate for depression was consistently higher for monozygotic twins than for dizygotic twins. The monozygotic twins had 65 percent while dizygotic twins had 14 percent of average concordance rate. Noticing the fact that the result monozygotic twins have received is far below a 100, it can be seen **that genetic predisposition** may play a role in causing depressive disorder (Crane, John…).

Meanwhile, neurobiological researchers argue the point that depression is associated with deficiency in neurobiological systems including neurotransmitters and hormones. This specific claim is supported by the catecholamine hypothesis by Joseph Schildkraut in 1965. This theory asserts that depression shares a correlation with low levels of noradrenaline. In an attempt to find out how biochemical changes contribute to depression, Janowsky et al. (1972) demonstrated an experiment involving a drug called physostigmine to see how decrease in the level of noradrenaline produce depressive symptoms. As soon as participants took physostigmine drugs, they became extremely depressed and showed self-hate and suicidal thoughts (KICIBPSYCHOLOGY).

From beginning up until 1 min 30 seconds of the video

(“What is Depression?”)

Cognitive

People tend to believe that people with depressed feelings are likely to think depressive thoughts. The cognitive etiology presumes that factors such as depressed cognitions, cognitive distortion, and irrational beliefs lead to depression. **Ellis (1962)** presented that **psychological disturbances often come from irrational thoughts**. Faulty inferences about certain event can make individuals to make a false conclusion which can trigger negative feelings of anger, anxiety, or depression ("Cognitive Disorder").

In terms of another theory in relation to cognitive distortions, Beck (1976) claims that schemas are correlated with depression. He observed three main cognitions presented by depressive patients: overgeneralization on negative events; non-logical inference about the self; and dichotomous thinking recalling negative events. This link between negative cognitions and depression is clearly shown by a research study done by Alloy et al. (1999). He carried out a prospective study in which participants are chosen according to different variables. The young Americans around the age of twenties were studied for six years. They were placed either in positive thinking group or negative thinking group based of their thinking style. After six years, the researcher found that **only 1 percent of the participant in positive group experienced depression while 17 percent of the participant in negative group developed depression** (Crane, John…). The results therefore showed that cognitive style can develop depression.

Sociocultural

A study conducted by Brown and Harris (1978) examined the social origins of depressive disorder in women. The researchers found out that **29 out of 32 women who were depressed had experienced traumatic life event**; however, 78 percent of them did not become depressed. This study suggested that life events such as absence of social support, loss of mother at an early age, and history of childhood abuse that resembled previous experiences are more likely to lead people to depression ("Quizlet").

Treatment- Biomedical Approach

If the depressive symptoms are caused by biological malfunctioning, patients should use drugs to restore the biological system. Considering the fact that depression is known to be caused by imbalance in neurotransmission, drugs are often used to restore chemical balance in brain. The most common kinds of drugs used today is selective serotonin re-uptake inhibitors (SSRIs) which is a type of antidepressant drugs. This boosts up the level of serotonin and prevents its re-uptake in the synaptic gap. **The antidepressant drugs are known as an effective way to cure depression in the short term and it is again thought that modern drugs could provide long-term effect as well as prevention of suicide** (Examine Biomedical…).

However, there are some drawbacks regarding biomedical approach. According to Leuchter and Witte (2002), it was found that there were no difference in depressive patients who have received drugs and patients who have received a placebo. The researchers scanned the patients and observed the brain functioning changes. They have found out that patients who got a placebo had an increase in activity in prefrontal cortex while patients who took drugs had a decrease in activity(Crane, John…). This study clearly showed that drug therapy is not necessarily the most effective way of curing depression.

Individual Approach

Cognitive behavioral therapy (CBT) is a basic form of psycho-therapy used in treatment of both adults and children with depression. The first aim of this therapy is to identify and correct faulty cognitions and unhealthy behaviors carried out by the patients. The client is encouraged to figure out what kinds of thoughts are actually making them feel depressed; then, these thoughts are corrected and restructured. The second aim is to encourage people to increase gradually any activities that could be rewarding such as sports or concerts.

A study carried out by Riggs et al. (2007) examined the effectiveness of CBT in combination with a placebo or an SSRI. The participants involved were 126 adolescents aged from 13 to 19 who suffered from depressive disorder. The researcher found out that **67 percent of the patients in CBT combined with placebo and 76 percent of the patients in the SSRI combined with CBT were thought to have improved much** (Crane, John…).

Group Approach

Group therapy is mostly known as 'couples' therapy' since there lies a strong link between depression and martial issues. Martial therapy aims to teach couples to communicate effectively and solve problems. It also aims to increase positive interactions but decrease negative interactions.

According to Siporin (1984), among the 74 studies been reviewed that compare individual and group treatment, it was evident that group treatment was found as effective as the individual in 75 percent of these studies. **Group treatment was more cost-effective than individual therapy in 31 percent of the studies** (Crane, John…).

OCD

Prevalence in OCD

Obsessive Compulsive Disorder is one of the most common examples of anxiety disorders in psychological field. Obsessive Compulsive Disorder affects individuals differently but it causes a particular pattern of thought and behavior. Previous studies have shown that prevalence of OCD in young population is 1 to 2% in their lifetime. OCD is known as a disorder that occurs in almost every socioeconomic level, genders, ages, and races. The OCD prevalence rates are found to be similar worldwide (“OCD Facts”).

Common Obsession

- Fear of deliberately/accidentally harming oneself or others
- Fear of contamination by disease or infection
- Need for orderliness
- Fear of committing an act that could offend one's religious thoughts

("Obsessive-Compulsive Disorder (OCD)“)

Diagnosis

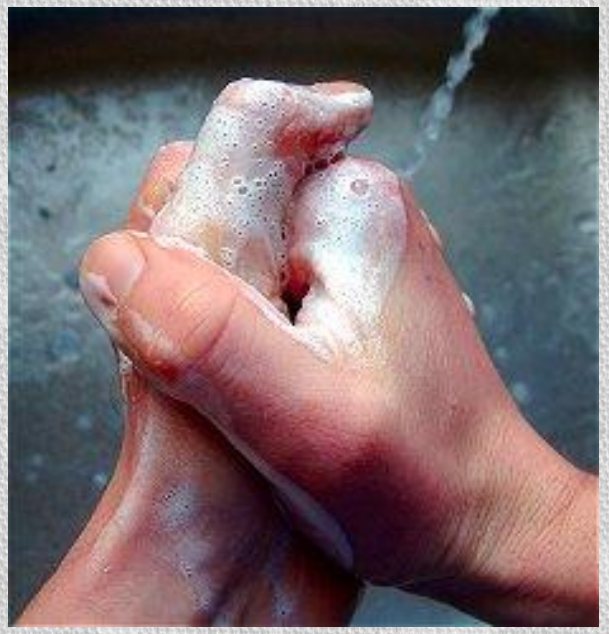
- Recurrent thoughts, images, and impulses are experienced and continuous feeling of anxiety and distress
- Recognition of unwanted thoughts but unable to act on them
- The thoughts or impulses bring about real-life problems
- Attempt to avoid such thoughts or images

("Obsessive-Compulsive Disorder")

Common Types of Compulsive Behaviors

- Cleaning
- Hand Washing
- Checking
- Ordering
- Repeating Words
- Needing to Confess

("Obsessive-Compulsive Disorder (OCD)“)



Patient Who Is Obsessive to Hand Washing

Symptoms

- Repeated double-checking of things
- Incessantly checking on loved ones
- Repeated behaviors such as counting, tapping, or repeating words
- Spending excessive amount of time washing or cleaning.
- Ordering or arranging things repeatedly
- Praying excessively

"Obsessive-Compulsive Disorder (OCD)"

Biological Etiology

In terms of biological factors, researchers have found that there are relationships between neurotransmitter called serotonin and the development of OCD. There are some researches that have shown that OCD is inherited. Another brain problem in relation to OCD involves the brain pathways that link the area of brain that deals with judgment and the area of brain that deals with body movements.

Gerald et al. conducted a study to determine if OCD is a familiar disorder. 99 adult OCD patients were selected and their first-degree relatives were studied by psychiatrists. The results showed that the prevalence of OCD was relatively higher in case in which control relatives were compared with the participants (Nestadt, Gerald). This study showed that OCD can be interpreted as a familiar disorder.

Cognitive

Many cognitive theories believe that individuals with OCD have dysfunctional thoughts. The irrational thoughts, which patients cannot ignore, lead to obsessions which are expressed through compulsions ("Causes of OCD").

Coles et al. have examined the common symptoms of OCD and found out the possible factors that contribute to this specific disorder. Through their studies, the researchers have found out that increase in stress level, desire for things to reduce anxiety, and attention paid to individuals' thoughts contributed to OCD in patients (Meredith, Coles).

Sociocultural

Smári, J., Rúrik Martinsson, D., & Einarsson, H. (2010) conducted a study aiming to examine potential precursors of responsibility attitudes and symptoms of OCD. It was predicted that both parental overprotection and impulsivity contribute to responsibility behaviors and OCD symptoms. From 570 young adults, researchers investigated OCD symptoms, inflated responsibility, anxiety or depression, and current and past hyperactivity or impulsivity symptoms (Smari, Jakob).

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